2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N08000011418

Entity Name: RUBELL MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

878 109TH AVE
NORTH NAPLES, FL 34108

New Principal Place of Business:

1750 SW HEALTH PARKWAY
NAPLES, FL 34109

Current Mailing Address:

878 109TH AVE
NORTH NAPLES, FL 34108

New Mailing Address:

1750 SW HEALTH PARKWAY
NAPLES, FL 34109

FEI Number: 26-4231022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARINO, LAUREEN
1750 SW HEALTH PKWY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

RUSSO, MARK S
1750 SW HEALTH PKWY
NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK S. RUSSO, M.D., PH. D. 02/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RUSSO, MARK S
Address: 878 109TH AVE
City-St-Zip: NORTH NAPLES, FL 34108

Title: DV ( ) Delete
Name: CAMPBELL, DANA A
Address: 878 109TH AVE
City-St-Zip: NORTH NAPLES, FL 34108

Title: DST (X) Delete
Name: MARINO, LAUREEN
Address: 878 109TH AVE
City-St-Zip: NORTH NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: RUSSO, MARK S
Address: 1750 SW HEALTH PARKWAY
City-St-Zip: NAPLES, FL 34109

Title: DV (X) Change ( ) Addition
Name: CAMPBELL, DANA A
Address: 1750 SW HEALTH PARKWAY
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. RUSSO, M.D., PH.D. PRES 02/11/2009
Electronic Signature of Signing Officer or Director Date